Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
July 1, 2010 – September 30, 2010

Medi-Cal Managed Care Division
California Department of
Health Care Services

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Managed Care Program and overseeing quality improvement activities. The DHCS requires its contracted, full-scope managed care plans, prepaid health plans, and specialty plans to conduct quality improvement projects (QIPs) to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of July 1, 2010, through September 30, 2010, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG) as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when conducting QIPs[1] and for EQROs to use when validating QIPs.[2] The EQRO reviews each QIP using the validating protocol to ensure plans design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from the QIP.

[1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, *Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

Summary of Overall Validation Findings

HSAG evaluated QIPs submitted by plans using its QIP Validation Tool, which scores the QIPs against the CMS validation protocol. Through QIP validation HSAG assesses a plan's methodology for conducting the QIP and evaluates the overall validity and reliability of study results. The Introduction section of this report provides a detailed description of HSAG's validation process.

HSAG provided an overall validation status of *Met, Partially Met,* or *Not Met* for each QIP submission. The DHCS requires that QIPs receive an overall *Met* validation status; therefore, plans must resubmit their QIP until it achieves a *Met* validation status, unless otherwise specified.

For the period of July 1, 2010, through September 30, 2010, HSAG reviewed 33 QIPs. Two of the 33 QIPs were small-group collaborative QIPs addressing the *Appropriate Treatment for Children With an Upper Respiratory Infection* project. Thirty-one QIPs were internal QIPs initiated at the individual plan level representing many different topic areas and were not part of a formal small-group collaborative or statewide collaborative project.

All submissions during the review period represented baseline QIP submissions or annual submissions. HSAG expected to validate one outstanding *Partially Met* QIP submission from the prior review period, April 1, 2010, through June 30, 2010, for San Francisco Health Plan's *Improving the Patient Experience*; however, the QIP required substantial technical assistance due to the unique nature of the project. The plan will resubmit its project for validation during the next review period, October 1, 2010, through December 31, 2010.

Sixteen of the 33 QIPs validated received an overall *Met* validation status, five received an overall *Partially Met* validation status, and 16 received an overall *Not Met* validation status. All *Partially Met* and *Not Met* QIPs will require a resubmission during the next review period. HSAG will report the results of these resubmissions in the next QIPs Status Report covering the period of October 1, 2010, through December 31, 2010.

Summary of Overall QIP Outcomes

A total of nine QIPs validated during the review period progressed to the point of at least one remeasurement period. This allowed HSAG to assess for statistically significant improvement, which is considered real improvement, between the baseline and remeasurement rates.

Five of the nine QIPs assessed for real improvement demonstrated statistically significant improvement for at least one of the QIP's study indicators. This represents change that is likely to be a result of the QIP interventions and not due to chance.

Five QIPs validated during the review period progressed to a second remeasurement period; HSAG assessed these QIPs for sustained improvement. Three QIPs showed sustained improvement for all study indicators, one QIP achieved sustained improvement for one of its study indicators, and one QIP did not achieve sustained improvement.

Conclusions

Plan QIP submissions validated during the review period resulted in the following outcomes:

- Care 1st Partner Plan—San Diego County achieved sustained improvement for increasing the percentage of high-volume primary care providers (PCPs) who did not prescribe an antibiotic for an upper respiratory infection (URI), and the percentage of children with a URI who were not prescribed an antibiotic.
- CalOptima—Orange County achieved sustained improvement for the percentage of high-volume PCPs who did not prescribe an antibiotic for a URI.
- Health Plan of San Joaquin—San Joaquin County achieved statistically significant and sustained improvement for its *Chlamydia Screening* QIP. The QIP improved the percentage of Chlamydia screening for sexually active women 16–25 years of age from 39.2 percent at the study's baseline to 64.4 percent at the final remeasurement.
- CenCal Health Plan's *Weight Assessment and Counseling for Nutrition and Physical Activity of Children/Adolescents* in Santa Barbara County had statistically significant improvement for two of its three study indicators. The plan was successful in increasing the rate of documentation of body mass index (BMI) and counseling for nutrition by a provider. The plan's third study indicator demonstrated an increase (although it was not statistically significant) in the documentation of physical activity for members with a documented BMI.
- Partnership Health Plan—Napa, Solano, and Yolo counties' *Improving Care and Reducing Acute Readmissions for People with COPD* QIP achieved statistically significant improvement in the pharmacotherapy management of chronic obstructive pulmonary disease (COPD) exacerbations with an increased rate from 37.6 percent at baseline to 66.7 percent upon remeasurement.

- Community Health Group—San Diego's QIP, *Increasing Follow-up to Positive Postpartum Screens,* achieved sustained improvement for screening women for depression during a postpartum care visit, using a depression screening tool, and providing those women with a positive depression screening with documented follow-up care.

Upon validation review, HSAG considered QIPs submitted by CalOptima, Care 1st Partner Plan, Community Health Group, and Health Plan of San Joaquin closed due to the plans achieving sustained improvement. The plans will retire these QIPs as formal projects and focus their efforts on other areas of low performance.

QIPs validated during the review period of July 1, 2010, through September 30, 2010, showed that plans demonstrated proficiency with the study design phase, as evidenced by the high percentage of average rates of *Met* evaluation elements. Additionally, the plans demonstrated high average rates of *Met* evaluation elements within activities for the study implementation phase with the exception of Activity VII—Appropriate Improvement Strategies. For this activity, some plans lacked documentation of their process for conducting causal/barrier analysis, some plans did not include intervention strategies, and other plans did not include documentation of modifying strategies for projects that did not result in improvement or did not document their process for standardizing successful interventions.

Recommendations

Based on the validation activities and findings during the review period, HSAG recommends the following:

- Plans need to improve their QIP documentation to include the process used to conduct causal/barrier analysis and planned and/or implemented interventions.
- Plans need to ensure that they incorporate their analysis of results at each point of remeasurement to determine the need to modify and/or standardize interventions.

Organization of Report

This report has six sections:

- **Executive Summary**—Outlines the scope of external quality review activities, provides the status of plan submissions and overall validation findings for the review period, and presents recommendations.
- **Introduction**—Provides an overview of QIP requirements and HSAG's QIP validation process.
- **Quarterly QIP Activity**—Provides a table of all QIPs that HSAG validated during the review period, including evaluation element scores and the overall validation status by type of QIP.
- **Summary of QIP Validation Findings**—Summarizes validation findings across plans related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- **Appendix A**—Includes a listing of all active QIPs and their status.
- **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the statewide collaborative QIP, small-group collaborative (SGC) QIPs, and internal QIPs (IQIPs).

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240[3] requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. The DHCS requires each of its contracted Medi-Cal managed care plans to conduct two DHCS-approved QIPs in accordance with federal requirements. Plans must always maintain two active QIPs. For full-scope plans, the statewide Medi-Cal managed care collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or an SGC QIP involving at least three Medi-Cal managed care plans.

[3] Federal Register/Vol. 67, No. 115, June 14, 2002, 2002/Rules and Regulations, p. 41109.

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each plan's compliance with federal requirements, which include:

- *Measuring* performance using objective quality indicators.
- *Implementing* systematic interventions to achieve improvement in quality.
- *Evaluating* the effectiveness of the interventions.
- *Planning* and *initiating* activities to increase or sustain improvement.

Federal regulations also require that plans conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for conducting and validating QIPs.[4]

The CMS protocol for validating QIPs focuses on two major areas:

- Assessing the plan's methodology for conducting the QIP.
- Evaluating the overall validity and reliability of study results.

QIP validation ensures that:

- Plans design, implement, and report QIPs in a methodologically sound manner.
- Real improvement in quality of care and services is achievable.
- Documentation complies with the CMS protocol for conducting QIPs.
- Stakeholders can have confidence in the reported improvements.

Evaluating the Overall Validity and Reliability of Study Results

A QIP that accurately documents CMS protocol requirements has high validity and reliability. *Validity* is the extent to which the data collected for a QIP measure its intent. *Reliability* is the extent to which an individual can reproduce the study results. For each completed QIP, HSAG assesses threats to the validity and reliability of QIP findings and determines when a QIP is no longer credible. Using its QIP Validation Tool and standardized scoring, HSAG reports the overall validity and reliability of the findings as one of the following categories:

- ***Met*** = High confidence/confidence in the reported study findings.
- ***Partially Met*** = Low confidence in the reported study findings.
- ***Not Met*** = Reported study findings that are not credible.

[4] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

HSAG reviewed 33 QIPs for the period of July 1, 2010, through September 30, 2010. *Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity* on page 8 lists the QIPs by plan and subject. Of the 33 submissions, 19 were baseline submissions and 14 were annual resubmissions.

Sixteen of the 33 QIPs validated received an overall *Met* validation status, five received an overall *Partially Met* validation status, and 12 received an overall *Not Met* validation status. All *Partially Met* and *Not Met* QIPs will require a resubmission during the next review period of October 1, 2010, through December 31, 2010. HSAG will report the results of these resubmissions in the next QIPs Status Report.

From July 1, 2010, through September 30, 2010, HSAG provided technical assistance to plans requesting additional QIP training and guidance. HSAG provided ongoing technical assistance to plans in the areas of statistical testing, study design, and study implementation. Additionally, HSAG provided intensive technical assistance to Family Mosaic Project, a specialty plan, with the development of its first QIP proposal, which the plan submitted to the DHCS by the July 15, 2010, due date. Once the project proposal is approved by the DHCS, HSAG will complete validation.

Table 3.1 summarizes the QIPs HSAG validated during the review period with an overall validation status of *Met*, *Partially Met,* or *Not Met*. In addition, Table 3.1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. "Critical elements" are those elements within the validation tool that HSAG has identified as essential for producing a valid and reliable QIP. All critical elements must receive a *Met* score for a QIP to receive an overall validation status of *Met*.

Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity
July 1, 2010, through September 30, 2010

Plan Name and County	Name of Project/Study	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Small-Group Collaborative QIPs					
CalOptima—Orange	*Appropriate Treatment for Children With an Upper Respiratory Infection*	Annual Submission	84%	100%	*Met*
Care 1st Partner Plan—San Diego	*Appropriate Treatment for Children With an Upper Respiratory Infection*	Annual Submission	97%	100%	*Met*
Internal QIPs					
Anthem Blue Cross—Alameda	*Postpartum Care*	Baseline Submission	83%	85%	*Not Met*
Anthem Blue Cross—Contra Costa			83%	85%	*Not Met*
Anthem Blue Cross—Fresno			83%	85%	*Not Met*
Anthem Blue Cross—Sacramento			83%	85%	*Not Met*
Anthem Blue Cross—San Francisco			83%	85%	*Not Met*
Anthem Blue Cross—San Joaquin			83%	85%	*Not Met*
Anthem Blue Cross—Santa Clara			83%	85%	*Not Met*
Anthem Blue Cross—Stanislaus			83%	85%	*Not Met*
Anthem Blue Cross—Tulare			83%	85%	*Not met*
CenCal Health Plan—San Luis Obispo	*Weight Assessment and Counseling Nutrition and Physical Activity for Children/Adolescents*	Baseline Submission	100%	100%	*Met*
CenCal Health Plan—Santa Barbara	*Weight Assessment and Counseling Nutrition and Physical Activity for Children/Adolescents*	Annual Submission	98%	100%	*Met*
Community Health Group—San Diego	*Increasing Follow-up to Positive Postpartum Screens*	Annual Submission	69%	69%	*Not Met*
Contra Costa Health Plan—Contra Costa	*Reducing Health Disparities in Pediatric Obesity*	Baseline Submission	76%	62%	*Partially Met*
Health Net—Fresno	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities*	Baseline Submission	100%	100%	*Met*
Health Net—Kern			100%	100%	*Met*
Health Net—Los Angeles			100%	100%	*Met*
Health Net—Sacramento			100%	100%	*Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly Quality Improvement Program Validation Activity
July 1, 2010, through September 30, 2010

Plan Name and County	Name of Project/Study	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Health Net—San Diego	*Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities (cont.)*	Baseline Submission	100%	100%	*Met*
Health Net—Stanislaus			100%	100%	*Met*
Health Net—Tulare			100%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	*Chlamydia Screening*	Annual Submission	100%	100%	*Met*
Health Plan of San Mateo—San Mateo	*Increasing Timeliness of Prenatal Care*	Baseline Submission	73%	92%	*Not Met*
Inland Empire Health Plan—Riverside, San Bernardino	*Attention Deficit Hyperactivity Disorder (ADHD) Management*	Annual Submission	86%	90%	*Partially Met*
Kaiser Permanente—San Diego	*Postpartum Care*	Annual Submission	60%	55%	*Not Met*
Kern Family Health Care—Kern	*Comprehensive Diabetes Care*	Annual Submission	84%	92%	*Partially Met*
LA Care Health Plan—Los Angeles	*Improving HbA1c and Diabetic Retinal Exam Screening Rates*	Annual Submission	100%	100%	*Met*
Molina Healthcare—Riverside/San Bernardino	*Improving Hypertension Control*	Annual Submission	100%	100%	*Met*
Molina Healthcare—Sacramento	*Improving Hypertension Control*	Annual Submission	100%	100%	*Met*
Molina Healthcare—San Diego	*Improving Hypertension Control*	Annual Submission	100%	100%	*Met*
Partnership Health Plan—Napa, Solano, Yolo	*Improving Care and Reducing Acute Readmissions for People With COPD*	Annual Submission	74%	80%	*Partially Met*
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	*Chronic Obstructive Pulmonary Disease (COPD)*	Annual Submission	68%	70%	*Partially Met*

[1]**Type of Review**—Designates the QIP review as a new proposal, baseline submission, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

[2]**Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and noncritical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3]**Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4]**Overall Validation Status**—The overall validation status is populated from the QIP Validation Tool and is based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

The CMS protocol for conducting a QIP specifies ten core activities. Rather than assessing them separately, HSAG categorizes them into three main stages to examine strengths and opportunities for improvement across key areas. For each of the three types of QIPs—SWCs, SGCs, and IQIPs—HSAG presents validation findings according to these three main stages:

Study Design—CMS Protocol Activities I–IV

- Selecting an appropriate study topic(s).
- Presenting a clearly defined, answerable study question(s).
- Documenting a clearly defined study indicator(s).
- Stating a correctly identified study population.

Study Implementation—CMS Protocol Activities V–VII

- Presenting a valid sampling technique (if sampling was used).
- Specifying accurate/complete data collection procedures.
- Designing/documenting appropriate improvement strategies.

Quality Outcomes Achieved—CMS Protocol Activities VIII–X

- Presenting sufficient data analysis and interpretation.
- Reporting evidence of real improvement achieved.
- Documenting data for sustained improvement achieved.

This section provides specific findings for each of the three QIP types and discusses strengths, opportunities for improvement, and recommendations. At the end of the section, HSAG also provides conclusions across all QIPs.

Findings Specific to the DHCS Statewide Collaborative

There were no statewide collaborative QIP submissions for validation during the review period, July1, 2010, through September 30, 2010. All plans submitted their *Reducing Avoidable Emergency Room Visits* collaborative QIPs for validation in October 2010, which included Remeasurement 2 data. HSAG will report the results for these submissions in the QIPs Status Report for October 1, 2010, to December 31, 2010.

Findings Specific to Small-Group Collaboratives

Care 1st Partner Plan—San Diego County and CalOptima—Orange County submitted their *Appropriate Treatment for Children with Upper Respiratory Infection* (URI) small-group collaborative QIPs for validation during the review period, July 1, 2010, through September 30, 2010. Both QIPs had the same two study indicators. The first study indicator aimed at reducing the percentage of high-volume primary care providers (PCPs) who did not prescribe an antibiotic for a member with a diagnosis of a URI. The second study indicator focused on reducing the percentage of children who were not prescribed an antibiotic for a URI.

Table 4.1 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.1—Small-Group Collaborative QIP Activity Average Rates* (N = 2 Submissions)
July 1, 2010, through September 30, 2010

QIP Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Study Design	**I: Appropriate Study Topic**	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	100%	0%	0%
	IV: Correctly Identified Study Population	100%	0%	0%
Study Implementation	**V: Valid Sampling Techniques**	NA	NA	NA
	VI: Accurate/Complete Data Collection	100%	0%	0%
	VII: Appropriate Improvement Strategies	100%	0%	0%
Quality Outcomes Achieved	**VIII: Sufficient Data Analysis and Interpretation**	88%±	13%±	0%
	IX: Real Improvement Achieved	50%	50%	0%
	X: Sustained Improvement Achieved	50%	50%	0%

***** The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. See Appendix B for the number and a description of evaluation elements.
± The sum may not equal 100 percent due to rounding.
NA = Not applicable.

Study Design

The two small-group collaborative QIPs submitted during this review period demonstrated sound study design, with Activities I through IV receiving a *Met* validation score for all evaluation elements.

Study Implementation

Similar to the study design stage, both QIPs received a *Met* validation score for all evaluation elements in Activities VI and VII. Neither QIP used sampling; therefore, Activity V scores were not applicable (NA).

Quality Outcomes Achieved

Both of the small-group collaborative URI QIP submissions validated during the review period progressed to a second remeasurement period; therefore, HSAG assessed these QIPs within Activities VIII through X to determine whether the plans achieved the intended quality outcomes.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: Overall, QIP submissions provided sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. The overall rate for this activity was 88 percent. This represented a slight decrease compared to the 92 percent rate for the prior review period, April 1, 2010, through June 30, 2010. CalOptima—Orange County reported quarterly data that it did not aggregate into an annual rate and did not perform statistical testing, accounting for the decrease in the overall activity rate between the review periods.

Activity IX. Real Improvement Achieved

Activity Summary: Both QIPs achieved *Partially Met* scores by demonstrating statistically significant improvement for one of the two study indicators.

Care 1st Partner Plan—San Diego County demonstrated statistically significant improvement for its second study indicator, the percentage of children who were not prescribed an antibiotic for a URI. While the improvement was not statistically significant, 100 percent of Care 1st Partner Plan—San Diego County's high-volume providers did not prescribe an antibiotic for a URI. This lack of statistical significance is likely due to the small number of high-volume providers.

CalOptima—Orange County had statistically significant improvement for its first study indicator, the percentage of high-volume PCPs who did not prescribe an antibiotic for a URI, but did not have real improvement for its second study indicator, the percentage of children who were not prescribed an antibiotic for a URI.

Activity X. Sustained Improvement Achieved

Activity Summary: One QIP achieved sustained improvement for both study indicators and one QIP achieved sustained improvement for one of its two study indicators.

Unlike Activity IX, which measured for statistically significant improvement, Activity X assessed for sustained improvement over comparable time periods or determined that a decline in improvement was not statistically significant. Both URI small-group collaborative projects progressed to a second remeasurement period in which HSAG could assess for sustained improvement.

Care 1st Partner Plan—San Diego County achieved sustained improvement for both study indicators. CalOptima achieved sustained improvement for the percentage of high-volume PCPs who did not prescribe an antibiotic for a URI, but did not achieve sustained improvement for the percentage of children with a URI who were not prescribed an antibiotic.

Small-Group Collaborative Strengths and Opportunities for Improvement

Both small-group collaborative QIPs submitted during the review period achieved high validation scores and an overall *Met* validation status. Similar to previous plans participating in the URI small-group collaborative, both Care 1st Partner Plan—San Diego County and CalOptima—Orange County demonstrated statistically significant and sustained improvement for at least one of the two study indicators. Care 1st Partner Plan—San Diego County achieved sustained improvement for both study indicators. This further supports the small-group collaborative URI efforts and intervention strategies as a best practice.

Small-Group Collaborative QIP Recommendations

CalOptima—Orange County may consider applying the successful interventions used on its high-volume PCPs to its other providers as a strategy for decreasing the overall percentage of children with a diagnosis of URI who are not prescribed an antibiotic.

HSAG recommended that both Care 1st Partner Plan—San Diego County and CalOptima—Orange County retire their URI small-group collaborative QIPs as formal projects since they reached a point of two remeasurement periods. This will allow the plans to focus their efforts on other areas of low performance in need of improvement.

Findings Specific to Internal Quality Improvement Projects

Plans submitted 31 internal QIPs (IQIPs) for validation from July 1, 2010, through September 30, 2010. Of the 31 submissions, 19 were baseline submissions and 12 were annual submissions.

Of the 31 QIPs validated, 14 received an overall *Met* validation status, 5 received an overall *Partially Met* validation status, and 12 received an overall *Not Met* validation status. As of June 30, 2010, 17 projects remained with a *Partially Met* or *Not Met* status, requiring a resubmission to address *Partially Met* and *Not Met* areas within the QIP. HSAG will report the results of the resubmissions in the next QIPs Status Report.

Table 4.2 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.2—Internal QIP Activity Average Rates* (N = 31 Submissions)
July 1, 2010, through September 30, 2010

QIP Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Study Design	I: Appropriate Study Topic	97%	1%	2%
	II: Clearly Defined, Answerable Study Question(s)	94%	6%	0%
	III: Clearly Defined Study Indicator(s)	97%	3%	0%
	IV: Correctly Identified Study Population	97%	3%	0%
Study Implementation	V: Valid Sampling Techniques	97%	3%	0%
	VI: Accurate/Complete Data Collection	84%	2%	14%
	VII: Appropriate Improvement Strategies	64%±	8%±	27%±
Quality Outcomes Achieved	VIII: Sufficient Data Analysis and Interpretation	68%±	12%±	19%±
	IX: Real Improvement Achieved	64%	11%	25%
	X: Sustained Improvement Achieved	67%	0%	33%

* The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. See Appendix B for the number and a description of evaluation elements.
± The sum may not equal 100 percent due to rounding.

Study Design

IQIP validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: Overall, the plans met the criteria for the evaluation elements within Activity I.

Twenty-eight of 31 QIP submissions met the criteria of all evaluation elements for selecting an appropriate study topic. All QIPs addressed aspects of quality of care and had the potential to affect member health and/or functional status.

The lowest-scoring evaluation elements in this activity resulted from QIP submissions that did not discuss the eligible population and the inclusion or exclusion of members with special health care needs. Plans need to explicitly state that no members with special health care needs were excluded from the study or provide supporting documentation on the reason for the exclusion. Community Health Group—San Diego County's *Increasing Follow-up to a Positive Postpartum Screen* QIP and SCAN Health Plan's *Chronic Obstructive Pulmonary Disease (COPD)* QIP for Los Angeles, Riverside, and San Bernardino counties lacked the required documentation for the eligible population.

Contra Costa—Contra Costa County's *Reducing Health Disparities in Pediatric Obesity* QIP baseline data did not show a disparity as expected by the plan; therefore, the plan's QIP topic should have been revised. The focus of the QIP could shift to increasing the documentation of body mass index (BMI), nutritional counseling, and physical activity components across its childhood population.

Activity II. Clearly Defined, Answerable Study Question(s)

Activity Summary: Overall, QIPs had a clearly defined and answerable study question.

All but two QIP submissions achieved 100 percent for having a clearly defined and answerable study question. SCAN Health Plan's *Chronic Obstructive Pulmonary Disease Management* QIP for Los Angeles, Riverside, and San Bernardino counties received *Partially Met* scores for the two evaluation elements. The validation review showed that the plan did not address previous validation recommendations to clearly define ambiguous terms such as "encouraging spirometry testing." The plan will need to revise its study question to better define the focus of the study, such as measuring whether targeted interventions will increase the rate of members who received spirometry testing.

Contra Costa—Contra Costa County's *Reducing Health Disparities in Pediatric Obesity* QIP also received *Partially Met* evaluation element scores. This was due to the plan's need to revise the study question since its baseline results did not show a disparity.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: Overall, QIP submissions met the evaluation elements for clearly defined study indicators.

Twenty-six of 31 QIP submissions met the criteria of all evaluation elements for clearly defining its study indicators. Aggregate QIP validation scores increased from 84 percent in the prior review period of April 1, 2010, through June 30, 2010, to 97 percent in the current review period of July 1, 2010, through September 30, 2010. This demonstrates that the plans have gained proficiency in structuring a QIP.

QIPs validated during the review period showed strength from the plans in basing their study indicators on evidence-based practice guidelines, peer-reviewed literature, or consensus expert panels. Additionally, all QIPs scored 100 percent on using nationally recognized measures when appropriate or including the basis for which indicators were adopted for internally developed indicators.

Plans that did not meet all evaluation elements for this activity were primarily due to a lack of documenting well-defined, objective, and measureable study indicators.

- Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP lacked complete date ranges for all remeasurement periods.
- Kaiser Permanente—San Diego County's *Postpartum Care* QIP documented an incorrect date range for one of its remeasurement periods. Additionally, while the plan referenced HEDIS technical specifications, the plan did not provide the actual codes used to identify live births and postpartum visits.
- Partnership Health Plan—Napa, Sonoma, and Yolo counties' *Improving Care and Reducing Acute Readmissions for People With COPD* QIP did not address a previous point of clarification provided in the last validation review to correct its documentation to be consistent with the referenced HEDIS specifications. HSAG noted errors related to the age criteria and measurement periods.
- SCAN Health Plan's *Chronic Obstructive Pulmonary Disease (COPD)* QIP for Los Angeles, Riverside, and San Bernardino counties lacked goals/benchmarks for each measurement period. In addition, the QIP did not include the HEDIS technical specifications used to define the study indicator.

- Contra Costa Health Plan—Contra Costa County's *Reducing Health Disparities in Pediatric Obesity* QIP received a *Partially Met* validation status for one of the evaluation elements because, while the study indicator allowed for the study question to be answered, the plan must revise its QIP study question since a disparity was not shown.

Activity IV. Correctly Identified Study Population

Activity Summary: Overall, QIP submissions correctly identified the study population.

Twenty-eight of 31 QIP submissions met the criteria of all evaluation elements for correctly identifying the study population. Overall, plans achieved an average rate of 97 percent for Activity IV.

Community Health Group—San Diego County's QIP, *Increasing Follow-up to Positive Postpartum Screens,* and Kaiser Permanente—San Diego County's *Postpartum Care* QIP lacked enough documentation from the HEDIS specifications to accurately and completely define the study population. Contra Costa Health Plan—Contra Costa County's *Reducing Health Disparities in Pediatric Obesity* QIP lacked an updated study question and study population.

Study Implementation

Activity V. Valid Sampling Techniques

Activity Summary: Overall, QIPs using sampling demonstrated valid sampling techniques.

Nineteen of the 31 QIPs used sampling, and HSAG evaluated whether plans used valid techniques. Overall, plans achieved 97 percent compliance with evaluation elements related to sampling.

Two of the 19 QIPs using sampling techniques did not meet all evaluation element criteria. Contra Costa Health Plan—Contra Costa County's *Reducing Health Disparities in Pediatric Obesity* QIP did not select an acceptable margin of error for the selected confidence interval. Health Plan of San Mateo—San Mateo County's *Increasing Timeliness of Prenatal Care* QIP entered a sample size that was not consistent with data submitted as part of its audited submission to the National Committee for Quality Assurance (NCQA). Additionally, the plan did not specify the correct margin of error consistent with the HEDIS specifications.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Many plans met all of the criteria for all evaluation elements, while several plans demonstrated opportunities for improvement in documenting a defined and systematic process for collecting data.

All 31 QIP submissions appropriately identified the source of data and the estimated degree of data completeness. Nearly all QIPs identified the data elements to be collected. Twenty-four of the 31 QIPs submitted met the criteria for all evaluation elements related to accurate and complete data collection. Plans can collect and report data using one of two methods—administratively or manually. Depending on the study indicator, many plans need to use a manual process to collect data directly from the medical record.

Regardless of the method for collecting data, all plans are required to document the timeline for data collection. Some QIPs lacked this data collection documentation for all measurement periods. Additionally, the QIP must show the steps used in the production of the study indicators. Only 68 percent of QIPs had the required documentation to meet this evaluation element.

Twenty of the 31 QIPs submitted used a manual data collection process. The lowest scoring evaluation element of 50 percent was due to the lack of documentation of a defined and systematic process for collecting the manual data. Three of the manual data collection QIP submissions lacked documentation to meet the criteria for the following evaluation elements: including a copy of the manual data collection tool, a description of the interrater reliability process, and clear and concise written instructions for the manual data collection tool that includes an overview of the study. The QIPs that lacked this information were Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP, Health Plan of San Mateo—San Mateo County's *Increasing Timeliness of Prenatal Care* QIP, and Kaiser Permanente—San Diego County's *Postpartum Care* QIP.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Overall, QIP submissions scored lowest on this activity across implementation stage activities.

The average activity score for QIPs validated during the review period of July 1, 2010, through September 30, 2010, was 64 percent. This was a decrease from 84 percent during the prior review period of April 1, 2010, through June 30, 2010.

Eleven of 31 QIP submissions lacked documentation of the causal/barrier analysis process.

Inland Empire Health Plan's *Attention Deficit Hyperactivity Disorder (ADHD) Management* QIP for Riverside and San Bernardino counties and Kaiser Permanente—San Diego County's *Postpartum Care* QIP both received *Partially Met* scores. Although the plans documented barriers, they lacked documentation of the process used to identify the barriers.

Anthem Blue Cross' *Improving HEDIS Postpartum Care Rates* QIP submissions for all of its counties (Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare) noted that improvement strategies were not applicable since the QIP submissions presented baseline data. HSAG provided the plan with a *Not Met* validation status for this element because HSAG expected a causal/barrier analysis. Additionally, because the plan did not document interventions, HSAG could not assess whether the interventions were likely to induce permanent change.

Two evaluation elements within this activity relate to modifying or revising interventions after a plan has evaluated remeasurement results. Seven QIPs submitted during the review period progressed to at least one remeasurement and were assessed for these elements.

For interventions that did not result in success, HSAG assesses whether the plan revised its interventions. For interventions that resulted in improvement, HSAG assesses whether the plan standardized and monitored its interventions. Plans that have multiple study indicators may need to provide a combination of modification and standardization.

During the review period, five QIPs needed to show revised interventions. Two QIP submissions, Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* and Partnership Health Plan—Napa, Solano, Yolo counties' *Improving Care and Reducing Acute Readmissions for People with COPD,* did not revise interventions in a timely manner; therefore, these QIPs did not fully meet the evaluation element criteria. Six QIPs demonstrated success with their interventions, and three QIP submissions included the appropriate documentation for standardizing and monitoring these interventions. The three QIPs that lacked this information were Kern Family Health Care—Kern County's *Comprehensive Diabetes Care* QIP, Partnership Health Plan's *Improving Care and Reducing Acute Readmissions for People with COPD* for Napa, Solano, and Yolo counties, and SCAN Health Plan's *Chronic Obstructive Pulmonary Disease (COPD)* QIP for Los Angeles, Riverside, and San Bernardino counties.

Quality Outcomes Achieved

Seven of the 31 IQIP submissions validated during the review period progressed to a remeasurement period:

- CenCal Health Plan—Santa Barbara County's *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.*
- Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens.*
- Health Plan of San Joaquin—San Joaquin County's *Chlamydia Screening.*
- Kaiser Permanente—San Diego County's *Postpartum Care.*
- Kern Family Health Care—Kern County's *Comprehensive Diabetes Care.*
- Partnership Health Plan—Napa, Solano, and Yolo counties' *Improving Care and Reducing Acute Readmissions for People with COPD.*
- SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' *Chronic Obstructive Pulmonary Disease (COPD).*

The other 24 IQIP submissions were QIP proposals or annual submissions of baseline rates that did not reach the point of remeasurement; therefore, HSAG did not assess these QIP proposals for quality outcomes beyond applicable evaluation elements in Activity VIII.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: QIP submissions had mixed results for providing sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. The overall average rate for this activity was 68 percent. This represented a decrease from the rate of 92 percent for the prior review period, April 1, 2010, through June 30, 2010.

Overall, most QIP submissions conducted data analysis and interpretation according to the data analysis plan in the study design. All plans that used sampling provided documentation that allows for the generalization of the results to the population.

Low-scoring evaluation elements across the 31 QIP submissions were related to a lack of documentation of factors that threaten the internal or external validity of the findings, lack of an interpretation of the findings, and presenting data analysis and interpretation in a way that

provides accurate, clear, and easily understood information. Approximately half of the QIP submissions lacked documentation to meet all the criteria for these elements.

For the seven QIPs that progressed to a point of remeasurement, all included data analysis and interpretation of the initial measurement and remeasurement of the study indicators. Two QIPs did not meet all the evaluation element criteria for identifying statistical differences between the measurement periods. Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP did not correctly identify statistical differences and provide an interpretation of the statistical significance. Kaiser Permanente—San Diego's *Postpartum Care* QIP had incorrect statistical testing. Several QIP submissions did not discuss factors that affected the ability to compare measurement periods. Two QIPs, Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP and Kern Family Health Care—Kern County's *Comprehensive Diabetes Care* QIP, did not provide a complete interpretation of the extent to which the study was successful.

Activity IX. Real Improvement Achieved

Activity Summary: One of the seven projects assessed for real improvement achieved statistical significance, two had *Partially Met* scores for statistical significance, and four QIPs did not achieve statistical significance.

Seven QIP submissions validated during the review period progressed to a remeasurement period:

- CenCal Health Plan—Santa Barbara County's *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.*
- Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens.*
- Health Plan of San Joaquin—San Joaquin County's *Chlamydia Screening.*
- Kaiser Permanente—San Diego County's *Postpartum Care.*
- Kern Family Health Care—Kern County's *Comprehensive Diabetes Care.*
- Partnership Health Plan—Napa, Solano, and Yolo counties' *Improving Care and Reducing Acute Readmissions for People with COPD.*
- SCAN Health Plan—Los Angeles, Riverside, and San Bernardino counties' *Chronic Obstructive Pulmonary Disease (COPD).*

Health Plan of San Joaquin—San Joaquin County achieved statistically significant improvement for its *Chlamydia Screening* QIP. The QIP targeted improving the percentage of Chlamydia screening for sexually active women 16–25 years of age. The QIP reached a third period of remeasurement and achieved a rate of 64.4 percent, which increased over the second remeasurement period rate of 57.9 percent and the baseline rate of 39.2 percent.

Two QIP submissions, CenCal Health Plan's *Weight Assessment and Counseling for Nutrition and Physical Activity of Children/Adolescents* in Santa Barbara County and Partnership Health Plan's *Improving Care and Reducing Acute Readmissions for People with COPD* QIP for Napa, Solano, and Yolo counties, received *Partially Met* scores for statistically significant improvement. Both plans had multiple study indicators and demonstrated real improvement for at least one study indicator but not all.

CenCal Health Plan's *Weight Assessment and Counseling for Nutrition and Physical Activity of Children/Adolescents* in Santa Barbara County had statistically significant improvement for two of its three study indicators. The plan was successful with increasing the rate of documentation of BMI by a PCP or obstetrician/gynecologist as either a BMI percentile or BMI percentile plotted on an age-growth chart. The plan improved its baseline rate from 37.5 percent to 54.9 percent upon remeasurement. The plan's second study indicator measured documentation in the medical record of counseling for nutrition for members with a documented BMI. The plan also achieved statistically significant improvement for this indicator and improved its baseline rate of 44.6 percent to 65.9 percent upon remeasurement. The plan's third study indicator measured documentation of physical activity for members with a documented BMI. While the plan had an increase from its baseline rate of 9.7 percent to 11.6 percent at Remeasurement 2, the change was not statistically significant.

Partnership Health Plan's *Improving Care and Reducing Acute Readmissions for People with COPD* QIP for Napa, Solano, and Yolo counties achieved statistically significant improvement for one of its three study indicators. The plan did achieve statistically significant improvement for pharmacotherapy management of COPD exacerbations, with an increase in the baseline rate of 37.6 percent to 66.7 percent upon remeasurement. Despite the plan's slight increase from 21.4 percent at baseline to 23.6 percent at remeasurement for its indicator that measured the use of spirometry testing in the assessment and diagnosis of COPD, the increase was not statistically significant. Finally, the plan had a statistically significant decline in performance for its COPD readmission rate within 30 days.

Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP targeted improving the rate of women who were seen for a postpartum care visit and were screened for depression. Of the women screened for depression, the QIP measured those women who were screened for depression through the use of a screening tool. For

those women with a positive depression screening, the QIP measured the percentage of women with documented follow-up care for depression. This QIP had progressed to a second year of remeasurement in which HSAG found that while the plan had statistically significant improvement for all three indicators between baseline and the first remeasurement period, its results from the first remeasurement period to the second remeasurement period did not yield improvement for any of the three measures. All three rates decreased slightly between Remeasurement 1 and Remeasurement 2.

Although Kaiser Health Plan's *Postpartum Care* QIP received a *Not Met* score for achieving statistical significance because the plan did not perform statistical testing, HSAG noted that the plan had statistically significant improvement between its baseline rate of 50.5 percent and its remeasurement rate of 67.9 percent for the percentage of women who had a postpartum visit within 21 and 56 days after delivery. The subsequent QIP resubmission from the plan should include the statistical testing result, at which time HSAG will rescore this element from a *Not Met* to a *Met* score.

Kern Family Health Care—Kern County's *Comprehensive Diabetes Care* QIP focused on increasing hemoglobin A1c testing, LDL-C (cholesterol) testing, and retinal eye exam rates for members with diabetes. Despite a slight increase in all three study indicators between the baseline and first remeasurement period, the increases were not statistically significant.

SCAN Health Plan's *Chronic Obstructive Pulmonary Disease (COPD)* QIP for Los Angeles, Riverside and San Bernardino counties targeted improving the use of spirometry testing in the assessment and diagnosis of COPD. The plan did not demonstrate statistically significant improvement between Remeasurement 1 and Remeasurement 2.

Activity X. Sustained Improvement Achieved

Activity Summary: Three QIPs progressed to the point of assessment for sustained improvement. Two achieved sustained improvement, while one did not achieve sustained improvement.

Unlike Activity IX, which measured for statistically significant improvement, Activity X assessed for sustained improvement over comparable time periods or determined that a decline in improvement was not statistically significant. Three QIPs, Community Health Group—San Diego County's *Increasing Follow-up to Positive Postpartum Screens* QIP, Health Plan of San Joaquin—San Joaquin County's *Chlamydia Screening* QIP, and SCAN Health Plan's *Chronic Obstructive Pulmonary Disease (COPD)* QIP for Los Angeles, Riverside and San Bernardino counties, reached the point of at least two remeasurement periods, which allowed HSAG to assess for sustained improvement.

Community Health Group—San Diego County achieved sustained improvement for its *Increasing Follow-up to Positive Postpartum Screens* QIP, which improved the rates of women screened for depression during a postpartum care visits, increased the use of depression screening using a screening tool, and increased the percentage of women with a positive depression screen who had documented follow-up care for depression.

Health Plan of San Joaquin—San Joaquin County achieved sustained improvement for its *Chlamydia Screening* QIP. The QIP demonstrated statistically significant improvement and sustained improvement for the percentage of Chlamydia screening for sexually active women 16–25 years of age.

SCAN Health Plan in Los Angeles, Riverside, and San Bernardino counties did not demonstrate improvement during the first remeasurement period; therefore, the plan could not achieve sustained improvement for the second remeasurement period. The plan showed a decrease between its baseline rate and first remeasurement period. While the plan was able to increase its rate to just above the baseline rate during the second remeasurement period, no real improvement or sustained improvement was achieved.

Internal QIP Strengths and Opportunities for Improvement

Plans demonstrated proficiency with the study design phase for IQIPs, as evidenced by the high percentage of average rates of *Met* evaluation elements for this review period, July 1, 2010, through September 30, 2010. Additionally, the plans demonstrated high average rates of *Met* evaluation elements within activities for the study implementation phase, with the exception of Activity VII—Appropriate Improvement Strategies. For this activity, some plans lacked documentation of their process for conducting causal/barrier analysis, some plans lacked inclusion of interventions strategies, and other plans did not include documentation for modifying strategies for projects that did not result in improvement or did not document their process for standardizing successful interventions.

During the review period, the plans had mixed success with demonstrating improved outcomes and statistically significant results for some or all study indicators. Three of seven QIPs reviewed during the period achieved statistically significant improvement and *Met* or *Partially Met* scores for at least one study indicator. While Kaiser's QIP in San Diego County achieved statistically significant improvement, HSAG could not provide the plan with a *Met* score for this element since the plan did not conduct significance testing.

Despite the mixed results for statistically significant increases during the review period, two of the three QIPs progressing to at least two remeasurement periods demonstrated statistically significant and sustained improvement. SCAN Health Plan's *Chronic Obstructive Pulmonary Disease*

(COPD) QIP in Los Angeles, Riverside, and San Bernardino counties did not achieve sustained improvement. Many interventions used by this plan were not systems interventions and may have contributed to the lack of improvement. Additionally, the timing of the intervention activities did not take place until late in the remeasurement year, and therefore may not have been in place long enough to make a substantial impact.

Internal QIP Recommendations

The plans need to improve documentation related to causal/barrier analysis, interventions, and modification and/or standardization of interventions. By following the process for conducting and documenting causal/barrier analysis, plans have a greater likelihood of selecting and targeting interventions that address one of the identified barriers and thus increase the opportunity for success.

Appendix A presents the status of the following types of active QIPs:

- The DHCS Statewide Collaborative QIP
- Small-Group Collaborative QIPs
- Internal QIPs

Table A.1––The DHCS Statewide Collaborative QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Alameda Alliance for Health—Alameda	LI	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Anthem Blue Cross—				I – IX	Remeasurement 1
Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara	CP				
Sacramento	GMC				
Stanislaus, Tulare	LI				
CalOptima—Orange	COHS			I – IX	Remeasurement 1
Care 1st Partner Plan—San Diego	GMC			I – IX	Remeasurement 1
CenCal Health Plan—Santa Barbara	COHS			I – IX	Remeasurement 1
Central California Alliance for Health				I – IX	Remeasurement 1
Monterey, Santa Cruz	COHS				
Community Health Group—San Diego	GMC			I – IX	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI			I – IX	Remeasurement 1
Health Net—				I – IX	Remeasurement 1
Fresno, Kern, Los Angeles, Stanislaus, Tulare	CP				
Sacramento, San Diego	GMC				
Health Plan of San Joaquin—San Joaquin	LI			I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS			I – IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – IX	Remeasurement 1

Table A.1––The DHCS Statewide Collaborative QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Kaiser Permanente—Sacramento	GMC	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Kaiser Permanente—San Diego	GMC			I – IX	Remeasurement 1
Kern Family Health Care—Kern	LI			I – IX	Remeasurement 1
L A Care Health Plan—Los Angeles	LI			I – IX	Remeasurement 1
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	 CP GMC			I – IX	Remeasurement 1
Partnership Health Plan—Napa, Solano, Yolo	COHS			I – IX	Remeasurement 1
San Francisco Health Plan—San Francisco	LI			I – IX	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI			I – IX	Remeasurement 1

Table A.2––Small-Group Collaborative QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
CalOptima—Orange	COHS	Appropriate Treatment for Children With Upper Respiratory Infection	Clinical	Decrease inappropriate use of antibiotics in children 3 months–18 years of age.	I – X Closed	Remeasurement 3
Care 1st Partner Plan—San Diego	GMC				I – X Closed	Remeasurement 3
Community Health Group—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – IX	Remeasurement 1

Table A.3––Internal QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
AHF Healthcare Centers— Los Angeles	SP	Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS	Clinical	Reduce the number of hospitalizations for members on Coumadin therapy as a result of adverse reactions.	I – X Closed	Remeasurement 2
AHF Healthcare Centers— Los Angeles	SP	Controlling High Blood Pressure	Clinical	Increase the percentage of cases of controlled blood pressure among adults diagnosed with hypertension.	I – X Closed	Remeasurement 2
Alameda Alliance for Health— Alameda	LI	Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children	Clinical	Reduce the number of children 2–18 years of age who visit the ER with asthma and return to the ER with additional asthmatic events.	I – IX	Remeasurement 1
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento Stanislaus, Tulare	 CP GMC LI	Improving HEDIS Postpartum Care Rates	Clinical	Improve the rate of postpartum care visits for female Medi-Cal members.	I – VIII	Baseline
CenCal Health Plan— Santa Barbara, San Luis Obispo	COHS	Weight Assessment and Counseling Nutrition and Physical Activity for Children/Adolescents	Clinical	Increase body mass index (BMI) documentation for child/adolescent members (ages 3–17) and referrals to counseling for nutrition education and physical activity.	I – IX	Remeasurement 1 /Baseline

Table A.3––Internal QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Central California Alliance for Health—Monterey, Santa Cruz	COHS	Improving Effective Case Management	Clinical	Increase the effectiveness of case management to reduce hospitalizations related to diabetes and congestive heart failure among adults 21 years of age and older.	I – X	Remeasurement 2
Community Health Group—San Diego	GMC	Increasing Follow-up to Positive Postpartum Screens	Clinical	Increase the percentage of women receiving a postpartum visit within six months of delivery.	I – X	Remeasurement 2
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities in Pediatric Obesity	Clinical	Reduce health disparities in childhood obesity among children 3–11 years of age.	I – VIII	Baseline
Family Mosaic Project—San Francisco	SP	*Project pending – 7/15/2010*				
Family Mosaic Project—San Francisco	SP	*Project pending – 12/31/2010*				
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	CP GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among female seniors and persons with disabilities 21 through 64 years of age.	I – VIII	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Chlamydia Screening	Clinical	Increase the rate of chlamydia screening in sexually active women 16–25 years of age.	I – X Closed	Remeasurement 3
Health Plan of San Mateo—San Mateo	COHS	Increasing Timeliness of Prenatal Care	Clinical	Increase the rate of prenatal visits during the first trimester of pregnancy.	I – VIII	Baseline

Table A.3––Internal QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Inland Empire Health Plan—Riverside, San Bernardino	LI	Attention Deficit Hyperactivity Disorder (ADHD) Management	Clinical	Provide appropriate management for ADHD-identified child members 6–12 years of age.	I – VIII	Baseline
Kaiser Permanente—Sacramento	GMC	Childhood/Adolescent Obesity	Clinical	Increase the percentage of members 3–17 years of age who have a documented body mass index and received counseling for nutrition and physical activity.	I – IV	Proposal
Kaiser Permanente—San Diego	GMC	Postpartum Care	Clinical	Improve the rate of postpartum care.	I – IX	Remeasurement 1
Kaiser PHP—Marin, Sonoma	PHP	Cervical Cancer Screening	Clinical	Increase cervical cancer screening among women 18–64 years of age.	I – X	Remeasurement 3
Kaiser PHP—Marin, Sonoma	PHP	Smoking Prevention	Clinical	Increase the percentage of members 18 years of age and older receiving advice to quit smoking.	I – X	Remeasurement 4
Kern Family Health Care—Kern	LI	Comprehensive Diabetes Care	Clinical	Improve case management of members with diabetes 18–75 years of age by increasing the percentage of members receiving an HbA1c test, LDL-C screening, and retinal eye exams.	I – IX	Remeasurement 1
L A Care Health Plan—Los Angeles	LI	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Clinical	Improving care and reducing complications for diabetic members 18–75 years of age by increasing the percentage of members who receive screening with HbA1c testing and retinal exams.	I – VIII	Baseline

Table A.3––Internal QIPs
July 1, 2010, through September 30, 2010
(*See page A-9 for grid category explanations.)

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	CP GMC	Improving Hypertension Control	Clinical	Increase the percentage of members with hypertension ages 18–85 years of age who have controlled blood pressure (systolic blood pressure of <140 mm Hg and diastolic blood pressure of < 90 mm Hg).	I – VIII	Baseline
Partnership Health Plan— Napa, Solano, Yolo	COHS	Improving Care and Reducing Acute Readmissions for People With COPD	Clinical	Reducing acute readmissions for people with COPD.	I – IX	Remeasurement 1
San Francisco Health Plan— San Francisco	LI	Improving the Patient Experience	Nonclinical	Increase the percentage of members selecting the top response for the communication composite on a patient satisfaction survey.	I – VIII	Baseline
Santa Clara Family Health Plan—Santa Clara	LI	Adolescent Obesity Prevention	Clinical	Increase screening for adolescent obesity and timeliness of appropriate health education intervention.	I – IX	Remeasurement 1
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – X	Remeasurement 2

Table A.3––Internal QIPs
July 1, 2010, through September 30, 2010

Plan Name and County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Prevention of Stroke and Transient Ischemic Attack (TIA)	Clinical	Reduce the risk and recurrence of stroke or TIA for members with hypertension, diabetes, and/or dyslipidemia.	I – VIII	Remeasurement 1

*Grid category explanations:

Plan Model Type—designated plan model type:

- County-Organized Health System (COHS) plan
- Geographic-Managed Care (GMC) plan
- Two-Plan Model
  - Local initiative plan (LI)
  - Commercial plan (CP)
- Specialty plan (SP)

Clinical/Nonclinical—designates if the QIP addresses a clinical or nonclinical area of study.

QIP Description—provides a brief description of the QIP and the study population.

Level of QIP Progress—provides the status of each QIP as shown through *Steps Validated* and *Measurement Completion:*

- *Steps Validated*—provides the number of CMS activities/steps completed through Step X.
- *Measurement Completion*—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

Table B.1—Small-Group Collaborative QIP Activities I to IV Ratings (N = 2 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity I: Appropriate Study Topic				
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100% (2/2)	0% (0/2)	0% (0/2)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (2/2)	0% (0/2)	0% (0/2)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (2/2)	0% (0/2)	0% (0/2)
	4. Includes all eligible populations that meet the study criteria.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Does not exclude members with special health care needs.	100% (2/2)	0% (0/2)	0% (0/2)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100% (2/2)	0% (0/2)	0% (0/2)
C*	2. Is answerable.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (4/4)**	**0% (0/4)**	**0% (0/4)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	100% (2/2)	0% (0/2)	0% (0/2)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (2/2)	0% (0/2)	0% (0/2)
C*	3. Allow for the study questions to be answered.	100% (2/2)	0% (0/2)	0% (0/2)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (2/2)	0% (0/2)	0% (0/2)
C*	5. Have available data that can be collected on each indicator.	100% (2/2)	0% (0/2)	0% (0/2)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (2/2)	0% (0/2)	0% (0/2)
	7. Includes the basis on which each indicator was adopted, if internally developed.	(0/0)	(0/0)	(0/0)
	Activity Average Rates**	**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	100% (2/2)	0% (0/2)	0% (0/2)
	2. Includes requirements for the length of a member's enrollment in the plan.	100% (2/2)	0% (0/2)	0% (0/2)
C*	3. Captures all members to whom the study question applies.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (6/6)**	**0% (0/6)**	**0% (0/6)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.2—Small-Group Collaborative QIP Activities V to VII Ratings (N = 2 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	Not applicable	Not applicable	Not applicable
	2. Identify the sample size.	Not applicable	Not applicable	Not applicable
	3. Specify the confidence level.	Not applicable	Not applicable	Not applicable
	4. Specify the acceptable margin of error.	Not applicable	Not applicable	Not applicable
C*	5. Ensure a representative sample of the eligible population.	Not applicable	Not applicable	Not applicable
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	Not applicable	Not applicable	Not applicable
	Activity Average Rates**	**Not applicable**	**Not applicable**	**Not applicable**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (2/2)	0% (0/2)	0% (0/2)
	2. The identification of specified sources of data.	100% (2/2)	0% (0/2)	0% (0/2)
	3. A defined and systematic process for collecting baseline and remeasurement data.	Not applicable	Not applicable	Not applicable
	4. A timeline for the collection of baseline and remeasurement data.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Qualified staff and personnel to abstract manual data.	Not applicable	Not applicable	Not applicable
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not applicable	Not applicable	Not applicable
	7. A manual data collection tool that supports interrater reliability.	Not applicable	Not applicable	Not applicable
	8. Clear and concise written instructions for completing the manual data collection tool.	Not applicable	Not applicable	Not applicable
	9. An overview of the study in written instructions.	Not applicable	Not applicable	Not applicable
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	100% (2/2)	0% (0/2)	0% (0/2)
	11. An estimated degree of automated data completeness.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (10/10)**	**0% (0/10)**	**0% (0/10)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (2/2)	0% (0/2)	0% (0/2)
	2. System changes that are likely to induce permanent change.	100% (2/2)	0% (0/2)	0% (0/2)
	3. Revised if original interventions are not successful.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Standardized and monitored if interventions were successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (6/6)**	**0% (0/6)**	**0% (0/6)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.3—Small-Group Collaborative QIP Activities VIII to X Ratings (N = 2 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	Met	Partially Met	Not Met
Activity VIII: Sufficient Data Analysis and Interpretation				
C*	1. Is conducted according to the data analysis plan in the study design.	100% (2/2)	0% (0/2)	0% (0/2)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Not applicable	Not applicable	Not applicable
	3. Identifies factors that threaten the internal or external validity of the findings.	100% (2/2)	0% (0/2)	0% (0/2)
	4. Includes an interpretation of the findings.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	100% (2/2)	0% (0/2)	0% (0/2)
	6. Identifies initial measurement and remeasurement of study indicators.	50% (1/2)	50% (1/2)	0% (0/2)
	7. Identifies statistical differences between initial measurement and remeasurement.	50% (1/2)	50% (1/2)	0% (0/2)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	100% (2/2)	0% (0/2)	0% (0/2)
	9. Includes interpretation of the extent to which the study was successful.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**88% (14/16)**	**13% (2/16)**	**0% (0/16)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (2/2)	0% (0/2)	0% (0/2)
	2. There is documented improvement in processes or outcomes of care.	50% (1/2)	50% (1/2)	0% (0/2)
	3. The improvement appears to be the result of planned intervention(s).	50% (1/2)	50% (1/2)	0% (0/2)
	4. There is statistical evidence that observed improvement is true improvement.	0% (0/2)	100% (2/2)	0% (0/2)
	Activity Average Rates**	**50% (4/8)**	**50% (4/8)**	**0% (0/8)**
Activity X: Sustained Improvement Achieved				
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	50% (1/2)	50% (1/2)	0% (0/2)
	Activity Average Rates**	**50% (1/2)**	**50% (1/2)**	**0% (0/2)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.4—Internal QIP Activities I to IV Ratings (N = 31 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity I: Appropriate Study Topic				
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100% (31/31)	0% (0/31)	0% (0/31)
	2. Is selected following collection and analysis of data (or was selected by the State).	97% (30/31)	0% (0/31)	3% (1/31)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (31/31)	0% (0/31)	0% (0/31)
	4. Includes all eligible populations that meet the study criteria.	94% (29/31)	0% (0/31)	6% (2/31)
	5. Does not exclude members with special health care needs.	94% (29/31)	3% (1/31)	3% (1/31)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (31/31)	0% (0/31)	0% (0/31)
	Activity Average Rates**	**97% (181/186)**	**1% (1/186)**	**2% (4/186)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	94% (29/31)	6% (2/31)	0% (0/31)
C*	2. Is answerable.	94% (29/31)	6% (2/31)	0% (0/31)
	Activity Average Rates**	**94% (58/62)**	**6% (4/62)**	**0% (0/62)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	87% (27/31)	13% (4/31)	0% (0/31)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (31/31)	0% (0/31)	0% (0/31)
C*	3. Allow for the study questions to be answered.	97% (30/31)	3% (1/31)	0% (0/31)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (31/31)	0% (0/31)	0% (0/31)
C*	5. Have available data that can be collected on each indicator.	100% (31/31)	0% (0/31)	0% (0/31)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (23/23)	0% (0/23)	0% (0/23)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (9/9)	0% (0/9)	0% (0/9)
	Activity Average Rates**	**97% (182/187)**	**3% (5/187)**	**0% (0/187)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	94% (29/31)	6% (2/31)	0% (0/31)
	2. Includes requirements for the length of a member's enrollment in the plan.	100% (31/31)	0% (0/31)	0% (0/31)
C*	3. Captures all members to whom the study question applies.	97% (30/31)	3% (1/31)	0% (0/31)
	Activity Average Rates**	**97% (90/93)**	**3% (3/93)**	**0% (0/93)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.5—Internal QIP Activities V to VII Ratings (N = 31 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	Met	Partially Met	Not Met
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	100% (19/19)	0% (0/19)	0% (0/19)
	2. Identify the sample size.	95% (18/19)	5% (1/19)	0% (0/19)
	3. Specify the confidence level.	100% (19/19)	0% (0/19)	0% (0/19)
	4. Specify the acceptable margin of error.	89% (17/19)	11% (2/19)	0% (0/19)
C*	5. Ensure a representative sample of the eligible population.	100% (19/19)	0% (0/19)	0% (0/19)
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	100% (19/19)	0% (0/19)	0% (0/19)
	Activity Average Rates**	**97% (111/114)**	**3% (3/114)**	**0% (0/114)**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	97% (30/31)	3% (1/31)	0% (0/31)
	2. The identification of specified sources of data.	100% (31/31)	0% (0/31)	0% (0/31)
	3. A defined and systematic process for collecting baseline and remeasurement data.	50% (10/20)	0% (0/20)	50% (10/20)
	4. A timeline for the collection of baseline and remeasurement data.	81% (25/31)	16% (5/31)	3% (1/31)
	5. Qualified staff and personnel to abstract manual data.	90% (18/20)	0% (0/20)	10% (2/20)
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	85% (17/20)	0% (0/20)	15% (3/20)
	7. A manual data collection tool that supports interrater reliability.	85% (17/20)	0% (0/20)	15% (3/20)
	8. Clear and concise written instructions for completing the manual data collection tool.	85% (17/20)	0% (0/20)	15% (3/20)
	9. An overview of the study in written instructions.	85% (17/20)	0% (0/20)	15% (3/20)
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	68% (21/31)	0% (0/31)	32% (10/31)
	11. An estimated degree of automated data completeness.	100% (13/13)	0% (0/13)	0% (0/13)
	Activity Average Rates**	**84% (216/257)**	**2% (6/257)**	**14% (35/257)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	65% (20/31)	6% (2/31)	29% (9/31)
	2. System changes that are likely to induce permanent change.	68% (21/31)	3% (1/31)	29% (9/31)
	3. Revised if original interventions are not successful.	60% (3/5)	20% (1/5)	20% (1/5)
	4. Standardized and monitored if interventions were successful.	50% (3/6)	33% (2/6)	17% (1/6)
	Activity Average Rates**	**64% (47/73)**	**8% (6/73)**	**27% (20/73)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.

Table B.6—Internal QIP Activities VIII to X Ratings (N = 31 Submissions)
July 1, 2010, through September 30, 2010

	Evaluation Elements	Met	Partially Met	Not Met
Activity VIII: Sufficient Data Analysis and Interpretation				
C*	1. Is conducted according to the data analysis plan in the study design.	87% (27/31)	6% (2/31)	6% (2/31)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	100% (19/19)	0% (0/19)	0% (0/19)
	3. Identifies factors that threaten the internal or external validity of the findings.	52% (16/31)	3% (1/31)	45% (14/31)
	4. Includes an interpretation of the findings.	58% (18/31)	10% (3/31)	32% (10/31)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	55% (17/31)	42% (13/31)	3% (1/31)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (7/7)	0% (0/7)	0% (0/7)
	7. Identifies statistical differences between initial measurement and remeasurement.	71% (5/7)	0% (0/7)	29% (2/7)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	43% (3/7)	14% (1/7)	43% (3/7)
	9. Includes interpretation of the extent to which the study was successful.	71% (5/7)	14% (1/7)	14% (1/7)
	Activity Average Rates**	**68% (117/171)**	**12% (21/171)**	**19% (33/171)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (7/7)	0% (0/7)	0% (0/7)
	2. There is documented improvement in processes or outcomes of care.	71% (5/7)	14% (1/7)	14% (1/7)
	3. The improvement appears to be the result of planned intervention(s).	71% (5/7)	0% (0/7)	29% (2/7)
	4. There is statistical evidence that observed improvement is true improvement.	14% (1/7)	29% (2/7)	57% (4/7)
	Activity Average Rates**	**64% (18/28)**	**11% (3/28)**	**25% (7/28)**
Activity X: Sustained Improvement Achieved				
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	67% (2/3)	0% (0/3)	33% (1/3)
	Activity Average Rates**	**67% (2/3)**	**0% (0/3)**	**33% (1/3)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *Not Applicable* and *Not Assessed* elements are excluded.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.